

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99570 Office of Registrar of Vital Statistics. Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May, 1st / 1887 = 10th AM.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Betsey Donnelly

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 87 Years, _____ Months, _____ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Lady

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, { Give Street and Number. } red 31 S Euter St

Cause of Death, { First (Primary), Second (Immediate), } Chronic Asthma
Erysipelas of lower limbs = Chronic Ulcers

Duration of Last Sickness, Forty hours

All the above information should be furnished by the Physician.

Place of Burial, Green mount

Date of Burial, May 2nd 1887

{ Undertaker, Evans & Son } Alfred Shertzer M. D.
Medical Attendant.

{ Place of Business, 1000 E Butler } Address, 1102 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99571 Office of Registrar of Vital Statistics.

Ward 6th

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CERTIFICATE OF DEATH.

Date of Death, April 29-1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joe Matthews

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 Years, _____ Months, _____ Days.

Color, Caucasian

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } h ☒

Occupation, Brick mason

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 1314 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Paralysis of heart

Duration of Last Sickness, One hour

All the above information should be furnished by the Physician.

Place of Burial, United State Cemetery London Park Cemetery

Date of Burial, May 2^d 1887

Undertaker, H. W. Donger C. F. Taylor M. D.

Place of Business, #150 East St Address, 728 N B'way

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99572 Office of Registrar of Vital Statistics. Ward 13th

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CERTIFICATE OF DEATH.

Date of Death, 1st May 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth J. Crain.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 77 Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Charles County, Md.

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, { Give Street and Number. } Entaw Home

Cause of Death, { First (Primary), _____ Second (Immediate), Paralysis }

Duration of Last Sickness, 37 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 2nd 1887

{ Undertaker, Henry Mitchell } J. H. Littell. M. D.

Medical Attendant.

{ Place of Business, 5301 Fayette St. Address, Fayette & Fremont Sts. }

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

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Health Department, City of Baltimore.

Permit No. 99573 Office of Registrar of Vital Statistics. Ward 15

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CERTIFICATE OF DEATH.

Date of Death, April 30/87

Full Name of Deceased, Vincent Johnson { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male { Cross out the word not required in this line. }

Age, 2 Years, 0 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, Single { Cross out the words not required in this line. }

Occupation, Balto.

Birth Place, Balto. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All of life

Place of Death, 5 Hill St { Give Street and Number. }

Cause of Death, Pneumonia { First (Primary), Second (Immediate), }

Duration of Last Sickness, Asphemia

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral cemt

Date of Burial, May 2 1887

{ Undertaker, Harold W. S. B. } C. S. Roper M. D. Medical Attendant.

{ Place of Business, 104 Commo St } Address, 617 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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Health Department, City of Baltimore.

Permit No. 99574 Office of Registrar of Vital Statistics. Ward 8

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CERTIFICATE OF DEATH.

Date of Death, May 1/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Catherine Grimmel

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 75 Years, 5 Months, 7 Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 21 yrs.

Place of Death, { Give Street and Number. } Arquith St 1530

Cause of Death, { First (Primary), Hypertrophy & dilatation of heart Second (Immediate), _____ }

Duration of Last Sickness, _____

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3rd

{ Undertaker, Geo Schilling } Funerary Home M. D.

{ Place of Business, Deland Square } Address, 513 Forest St. Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Special Attention of Physicians is respectfully invited to the following regulations of the Board of Health of the City of Baltimore.

Health Department, City of Baltimore.

Permit No. 99575 Office of Registrar of Vital Statistics. Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ms. Emily P. Williams

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Fifty Six (46) Years, _____ Months, _____ Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give Street and Number. } No. 213 N. Chester Street

Cause of Death, { First (Primary), Apoplexy }
{ Second (Immediate), Paralysis }

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Landon Park Cem

Date of Burial, May 2nd 1887

{ Undertaker, M. A. Saper } { Medical Attendant, J. H. Cudman, M. D. }

{ Place of Business, 229 N. Broadway } { Address, No 418 N. Broadway }

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. *99576*

Office of Registrar of Vital Statistics.

Ward *19th*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, *April 30th 1887*

Full Name of Deceased, Write legibly and spell correctly. If an infant not named, give names of parents. *John Wickersham*

Sex, Male or Female, Cross out the word not required in this line. *Male John Wickersham*

Age, *67* Years, *1* Months, *21* Days.

Color, *white*

Married, Single, Widow or Widower, Cross out the words not required in this line. *Widower*

Occupation, *Retired - Gentleman*

Birth Place, State or country, and how long in the United States, if of foreign birth. *Baltimore City*

Duration of Residence in the City of Baltimore, *Lifetime*

Place of Death, Give Street and Number. *No 1621 W. Fayette St.*

Cause of Death, First (Primary), *Phthisis Pulmonalis, complicated with Cardiac Disease*
Second (Immediate), *The same*

Duration of Last Sickness, *About 2 years*

All the above information should be furnished by the Physician.

Place of Burial, *Bonnie Brad Co.*

Date of Burial, *May 3rd 1887*

Undertaker, *W. A. Sawyer & Co.* *Dr. Lloyd Martin* M. D. Medical Attendant.

Place of Business, *227 S. Broadway* Address, *24 Mount Vernon Place East*

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Permit No. 99577 Office of Registrar of Vital Statistics.

Ward 4th

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CERTIFICATE OF DEATH.

Date of Death, May 1-87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lora M. Strobe

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 81 Years, — Months, — Days

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 55 yrs

Place of Death, { Give Street and Number. } 16 Laurel St (Haw No. 1114)

Cause of Death, { First (Primary), Second (Immediate), } Senility + Pneumonia
Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Green

Date of Burial, May 3, 1887,

Undertaker, Henry M. Ginn

Frank C. Brasler M. D.

Medical attendant.

Place of Business, 1702 N. Central Ave Address, 1702 N. Central Ave

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Permit No. 99578 Office of Registrar of Vital Statistics. Ward 1st

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CERTIFICATE OF DEATH.

Date of Death, April 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Ann Miller

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 34 Years, Months, ✓ Days.

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Single

Occupation, Dressmaker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. } 228 S. Chapel St

Cause of Death, { First (Primary), Second (Immediate), } Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cerm.

Date of Burial, May 4th 1887

{ Undertaker, E. France } P. G. Daeschner M. D.

{ Place of Business, 228 S. Chapel St } 1727 E. Balto. St Medical Attendant.

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Permit No. 99579 Office of Registrar of Vital Statistics.

Ward 1st

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CERTIFICATE OF DEATH.

Date of Death, Saturday April 30th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Margrett Schirmer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 68 Years, 8 Months, 13 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 1015 St. Germany (Canton)

Duration of Residence in the City of Baltimore, 48 years

Place of Death, { Give Street and Number. } 1015 Streper St (Canton)

Cause of Death, { First (Primary), Second (Immediate), do do do } Cancer of Liver & Somaach

Duration of Last Sickness, 3 month

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Cem.

Date of Burial, May 2nd 87

{ Undertaker, E. France } J. E. Prichard M. D. Medical Attendant.

{ Place of Business, Bank & Wolf } Address, 2830 O' Donnell St

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